

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

107-7787

APPLICANT(S)

FILING DATE

3-10-05

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------------|------------------------------------|------------|------------------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 2 | 1 | | | | | |
| 3 | 2 | | | | | |
| 4 | 2 | | | | | |
| 5 | 0 | | | | | |
| 6 | 1 | | | | | |
| 7 | 1 | | | | | |
| 8 | 1 | | | | | |
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| TOTAL IND. | 4 | | ↓ | | ↓ | ↓ |
| TOTAL DEP. | 8 | ← | | ← | | ← |
| TOTAL CLAIMS | 12 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | ↓ | | ↓ | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |